

Feb. 17, 2005 4:36PM WILSON SONSINI

No. 1398 P. 1

8/17/2005 09:03 Approved for use through 07/31/2006, GPO: 0651-0957

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.**FEET TRANSMITTAL****for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

 applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT**(\$)<sup>1</sup> 1,420**Complete If Known**

Application Number	09/998,801
Filing Date	November 13, 2001
First Named Inventor	Kristian E. Johnsgard et al.
Examiner Name	Leontine M. Fisioruk
Art Unit	3742
Attorney Docket No.	14912.832

**METHOD OF PAYMENT (check all that apply)**
 Check     Credit card     Money Order     Other     None
 Deposit Account:

Deposit Account Number: 503-341-3  
Deposit Account Name: Wilson Sonsini Goodrich & Roatani

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) or any underpayment fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**PEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (S)	Code (S)		
1001 790	2001 395	Utility filing fee	
1003 350	2002 175	Design filing fee	
1009 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		(3)	0

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20*-	Extra Claims	Fee from below	Fee Paid
30	-20*-	35		0
Independent Claims	5	3	2	200

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (S)	Fee Code (S)	
1202 18	2202 9	Claims in excess of 20
1201 58	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 28	2204 44	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(5) 400

\*or number previously paid, if greater; For Reasons, see below

**3. ADDITIONAL FEES (Continued)**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (S)	Fee Code (S)		
1201 110	2201 55		
1232 430	2232 215		
1233 980	2233 490		
1234 1,330	2234 765		
1235 2,080	2235 1,040		
1401 340	2401 170		
1402 340	2402 170		
1403 300	2403 150		
1451 1,510	1451 1,510		
1452 110	2452 55		
1453 1,370	2453 685		
1501 1,370	2501 685		
1502 490	2502 245		
1503 660	2503 330		
1460 130	1460 130		
1807 50	1807 50		
1806 180	1806 180		
8021 40	8021 40		
1809 790	2809 395		
1810 790	2810 395		
1801 790	2801 395		
1802 900	1802 900		
<b>Other fee (specify)</b>			
* Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>	\$ 1,020
(Complete if applicable)			

**SUBMITTED BY**

Name (Last/First)	Michael J. Murphy	Registration No. (Attorney/Agent)	37,404	Telephone	650-493-6300
Signature		Date	February 17, 2005		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2050.  
This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under separate cover for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 3/4 \* RCV'D AT 2/17/2005 7:34:54 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-19 \* DMS:8728306 \* CSID:6504936811 \* DURATION (min:ss):04:00

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03/17/2005 DLILES 00000016 232415 09998801  
 Sale Ref: 00000016 DAH: 232415 09998801  
 01 FC:1253 1020.00 DA  
 02 FC:1253 400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

09/998801

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 = * 15	
INDEPENDENT CLAIMS	3 minus 3 = * 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 13	Minus	* 35 = ✓
Independent	* 1	Minus	* 3 = ✓
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 30	Minus	* 35 = -
Independent	* 5	Minus	* 3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	400.00
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	400.00

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	* =
Independent	*	Minus	* =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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